ANNUAL REPORT
1984 — 1985

Hospital Services Commission
of Prince Edward Island

86-06036/

Hospital Services Commission of Prince Edward Island

Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4

ANNUAL REPORT
For the Year Ending
March 31, 1985

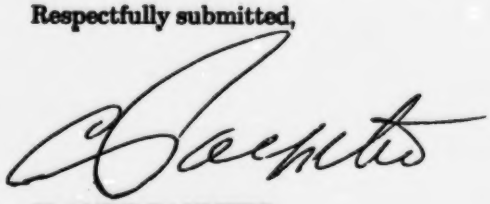
April 1, 1985

Honourable Albert A. Fogarty
Minister of Health & Social Services
Province of Prince Edward Island
P.O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Honourable Minister:

In accordance with Section 9(a) of the Hospital and Diagnostic Services Insurance Act, I have the honour to present the Report of the Hospital Services Commission of Prince Edward Island for the period April 1, 1984 to March 31, 1985.

Respectfully submitted,



CLAUDE PAYNTER
Chairman
HOSPITAL SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

MEMBERS

Hospital Services Commission

and

Executive Director

Members	Effective Date of Appointment
Mr. Claude Paynter, Chairman Sherwood	July 3, 1980
Mr. Keith Harrington Spring Valley	July 3, 1980
Mr. Donald Munroe Montague	July 3, 1980
Dr. Athol Roberts Charlottetown	October 22, 1981
Mrs. Sheila Trainor Charlottetown	November 24, 1977

Executive Director

Mr. J. Brendon McGinn

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THE HOSPITAL SERVICES COMMISSION

Introduction:

The Hospital Services Commission of Prince Edward Island administers a plan of hospital care for the people of Prince Edward Island according to the provisions of the Hospital and Diagnostic Services Insurance Act and other relevant legislation. The Plan provides for a system of hospital care insurance for the people of Prince Edward Island universally available to all without regard to age, financial circumstances or condition of health. The Commission consists of not less than three and not more than five persons, of whom one shall be appointed from a slate of not less than three names proposed by the Hospital Association of Prince Edward Island and one shall be appointed from a slate of not less than three names proposed by the Medical Society of Prince Edward Island.

Functions:

It is the function of the Hospital Services Commission:

1) to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals, related health care facilities, and the school of nursing;
2) to approve or disapprove the establishment of new hospitals, additions to existing hospitals, and the establishment of or additions to related health facilities;
3) to approve or disapprove all grants to hospitals for construction and maintenance;
4) to establish and operate, alone or in cooperation with one or more organizations, institutes, and centres for the training of hospital and related personnel;
5) to conduct surveys and research programs and to obtain statistics for its purposes;
6) to approve or disapprove hospitals and other facilities for the purpose of this Act in accordance with the Regulations;
7) to approve or disapprove incorporation, by-laws, operation, and alteration of all public hospitals;
8) to administer the hospital employees classification plan which covers all employees in the hospitals.

Areas of Responsibility:

1) Hospital Care Insurance Plan (administration and funding);
2) Approved Public Hospitals (funding & regulations);
3) Licensed Private Nursing Homes (regulations);
4) Ambulances (regulations & subsidized funding);
5) School of Nursing (funding);
6) Labour Relations (contract negotiations for hospital unionized employees through the Health Negotiating Agency);
7) Hospital Employees Classification Plan (administration).

HIGHLIGHTS OF 1984-85 REPORT

SUMMARY OF ACTIVITIES

Updating of Role and Development of a Functional Program for a new Souris Hospital

Comprehensive Audit of Commission done by Auditor General

Approval of Canertech Energy Conservation Inc. Project at Prince County Hospital

Amendments to the Queen Elizabeth Hospital By-Laws (Medical Staff and Board)

Installation and staffing of computer facilities at Queen Elizabeth Hospital, Prince County Hospital and King's County Memorial Hospital

Queen Elizabeth Hospital Emergency Room/Outpatient Report

Accreditation of King's County Memorial Hospital, December, 1984

Accreditation of Prince County Hospital, December, 1984

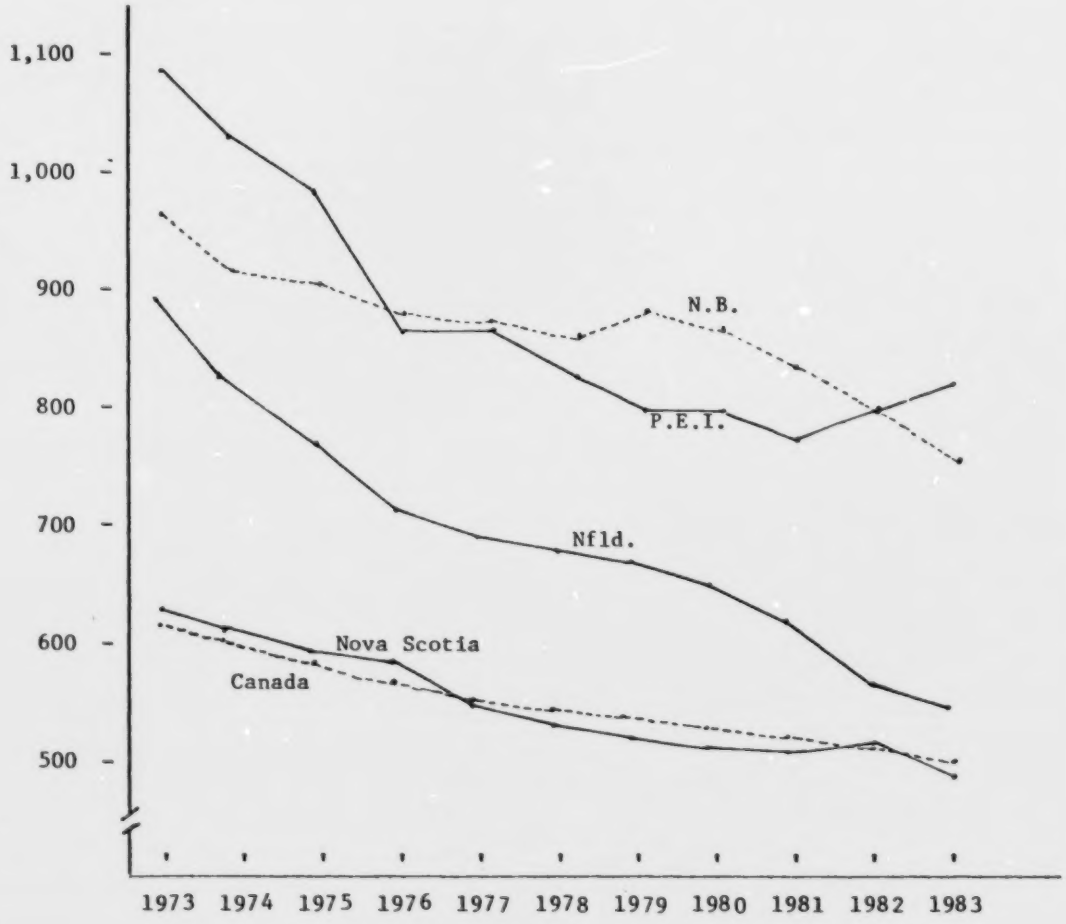
HOSPITAL UTILIZATION

Introduction:

The following graphs and tables represent the most up-to-date information that could be obtained on a comparable provincial basis from Statistics Canada publications. General comments have been provided at the bottom of each table.

TABLE I

Population per Active Civilian Physician
Canada and Atlantic Provinces
1973-1983



Source: 1984 Canada Health Manpower Inventory (Health & Welfare Canada)

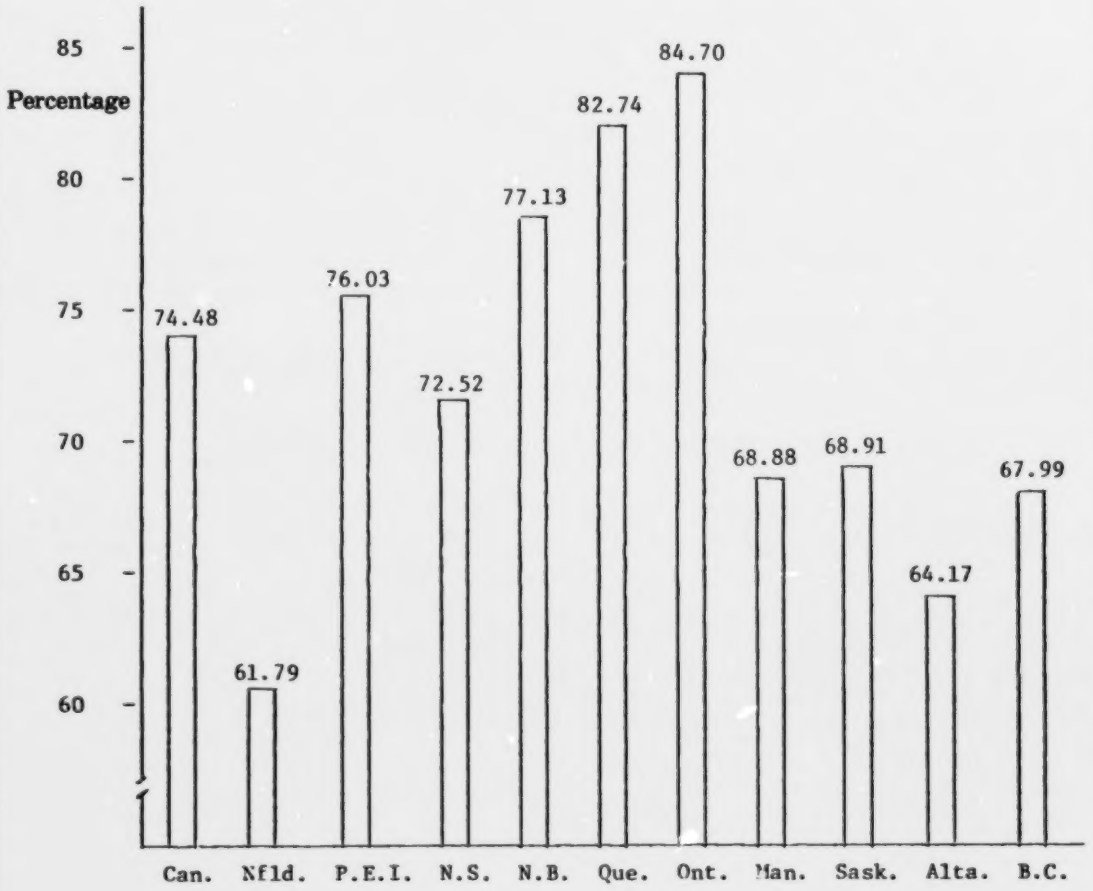
Over the past two years, Prince Edward Island has shown an increase in the population per active civilian physician while the other Atlantic Provinces and Canada (as a national average) have shown a steady decrease. This increase may be attributed, in part, to the increase in population experienced with the Department of Veterans Affairs move to the province.

TABLE II

Provincial Comparison

OCCUPANCY RATES : 1984 - 1985

(Public Hospitals - General Non-Teaching, With Long-Term Units)



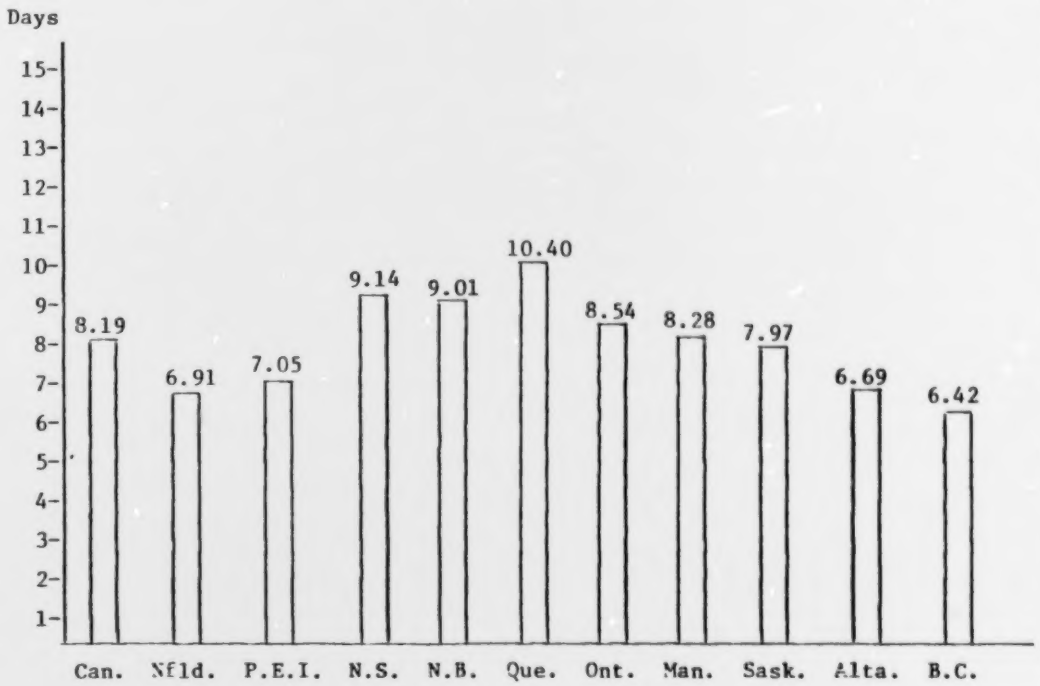
Source: Hospital Statistics Preliminary Annual Report 1984-85 - Statistics Canada

The occupancy rates indicate the degree of utilization of inpatient beds in a hospital. Generally, the higher the occupancy rate, the greater the operation efficiency is in the institution. However, it should be noted that the waiting period and numbers waiting for non-emergency admission to hospital also increase as the occupancy rate increases.

TABLE III Provincial Comparison

AVERAGE LENGTH OF STAY : 1984 - 1985

(Public Hospitals - General Non-Teaching, With Long-Term Units)



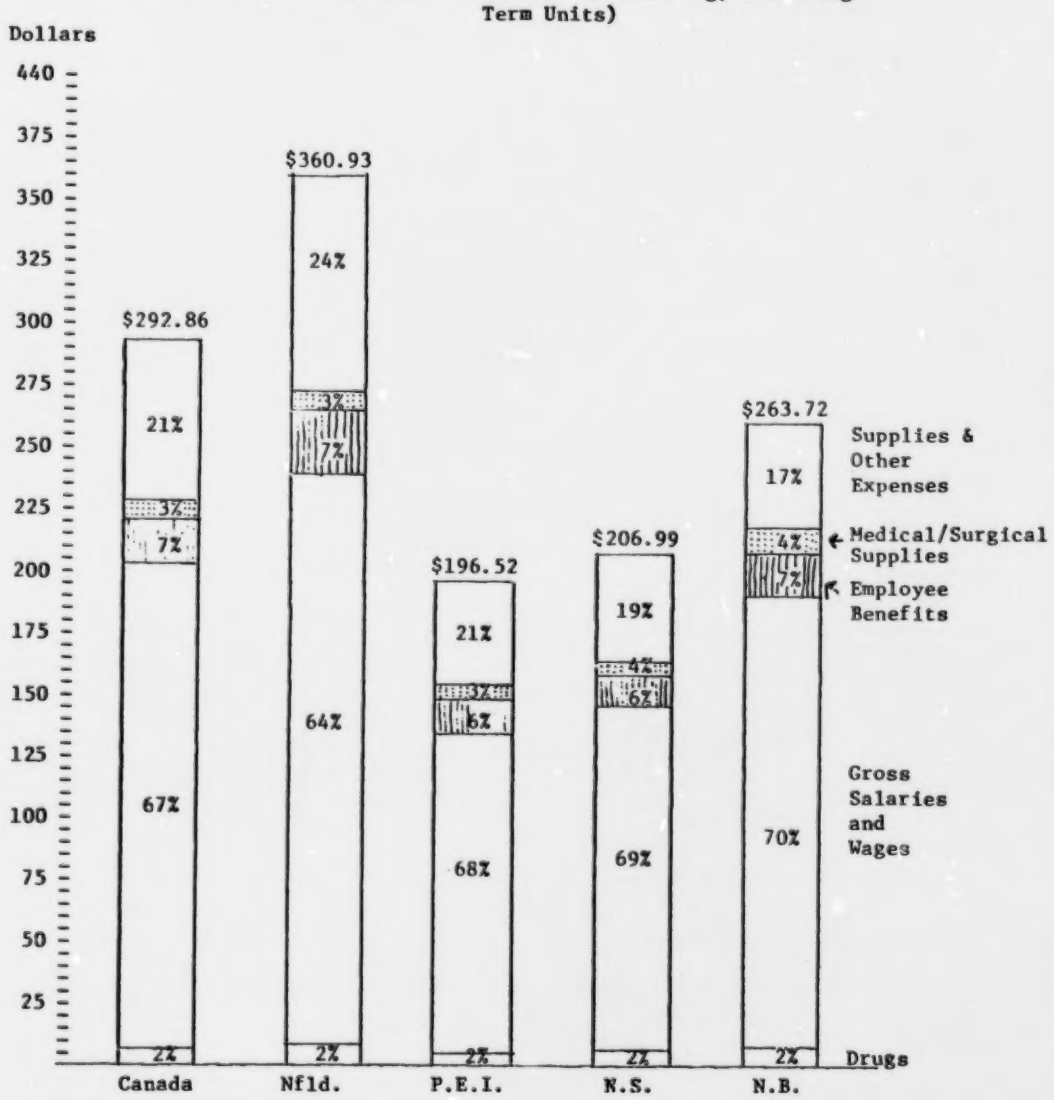
Source: Hospital Statistics Preliminary Annual Report 1984-85 - Statistics Canada

The average length of stay indicates the degree of turnover of patients in inpatient beds. The lower the average length of stay, the greater is the utilization of the inpatient beds.

TABLE IV

1984-85 Percentage Distribution of Total Operating Expenses by Type of Expense per Patient Day*

(Public Hospitals - General, Non-Teaching, with Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report, 1984-85, Statistics Canada

Prince Edward Island has the lowest hospital total operating expenses per patient day in the Atlantic Provinces.

OUT-OF-PROVINCE HOSPITALIZATION

The total number of days of stay for out-of-province dropped from 21,073 in 1983-84 to 20,030 in 1984-85. This may be due, in part, to the referral of more of these patients to the Queen Elizabeth Hospital.

The Hospital Services Commission is continuing to examine the patterns of use of out-of-province hospitals by type of disease.

MORTALITY ON PRINCE EDWARD ISLAND

Introduction:

In 1983 the major causes of death characterized in descending order of importance for Canada and Prince Edward Island were as follows:

TABLE V
1983 Mortality Summary List of Causes

CANADA:

1. Malignant neoplasms
2. Diseases of the heart
3. Ischaemic heart disease
4. All other causes not specified
5. Accidents

PRINCE EDWARD ISLAND:

1. Diseases of the heart
2. Ischaemic heart disease
3. Malignant neoplasms
4. Accidents
5. All other causes not specified.

SOURCE: 1983 Vital Statistics, Volume III, Statistics Canada.

This table indicates diseases of the heart and accidents have a greater impact as causes of death in Prince Edward Island than in the rest of Canada.

TABLE VI
PERINATAL MORTALITY RATES

[Total number of fetal deaths of 28 or more weeks gestation plus infant deaths under 7 days (1 week) of age per 1,000 total births].

	1982	1983
Canada	10.1	9.5
Newfoundland and Labrador	11.6	11.7
Prince Edward Island	11.4	12.5
Nova Scotia	9.9	11.1
New Brunswick	11.2	10.8
Quebec	9.3	8.8
Ontario	10.2	9.7
Manitoba	9.0	11.1
Saskatchewan	10.9	10.5
Alberta	10.3	8.3
British Columbia	10.4	9.1

Source: 1983 Vital Statistics, Volume III, Statistics Canada

This table shows that in 1983 P.E.I.'s perinatal mortality rate was comparable with the other Atlantic Provinces but above the national average for Canada. This indicates that measures still need to be taken to improve this area in P.E.I.

TABLE VII
1983 PERINATAL DEATHS BY CAUSE FOR PRINCE EDWARD ISLAND

CAUSE	NUMBER	PERCENTAGE
Congenital anomalies of urinary system	2	8%
Fetus or newborn affected by maternal complications of pregnancy	3	13%
Fetus or newborn affected by complications of placenta, cord and membrane	11	46%
Intrauterine hypoxia and birth asphyxia	1	4%
Respiratory distress syndrome	1	4%
Other respiratory conditions of fetus and newborn	1	4%
Endocrine and metabolic disturbances	1	4%
Conditions involving the integument and temperature regulation of fetus and newborn	1	4%
Other and ill defined conditions originating in the perinatal period	3	13%
All Causes	24	100%

(Source: 1983 Mortality, Vital Statistics, Volume III)

This Table suggests that the care being provided up to birth and one week thereafter should be enhanced to detect earlier complications of placenta, cord and membrane.

TABLE VIII

PROVINCIAL COMPARISON OF MORTALITY RATES AND RANKING 1982

Ranking	Province	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Prince Edward Island	4.4	11.4	7.8	0.0	1.5	5.8	1.1	3.0
1	Ontario	4.4	10.2	8.3	0.3	1.9	5.5	1.3	3.2
2	Manitoba	4.5	9.0	9.1	0.6	2.2	5.7	1.3	3.8
2	Quebec	4.5	9.3	8.8	0.0	2.3	6.5	1.3	3.1
3	Nova Scotia	4.6	9.9	8.6	0.0	2.5	6.5	1.3	3.5
4	Alberta	4.7	10.3	9.8	0.2	2.4	6.0	1.4	3.0
4	British Columbia	4.7	10.4	9.9	0.0	2.0	5.8	1.5	3.2
5	Saskatchewan	4.9	10.9	10.5	0.0	2.2	6.1	1.4	3.0
5	New Brunswick	4.9	11.2	10.5	0.0	2.6	5.7	1.3	3.3
6	Newfoundland	5.0	11.6	10.8	0.0	2.0	6.3	0.9	3.6
7	Yukon	9.1	20.8	21.0	0.0	2.0	10.7	3.5	5.5
8	Northwest Territories	9.4	18.2	16.2	7.3	3.9	7.2	3.7	9.0

Source: 1982 Mortality figures published by Statistics Canada

This table identifies mortality rates per 1,000 population in a cross section of age groups and by province. To assess the health care performance position of each province, the average ranking was based on equal weight for each factor.

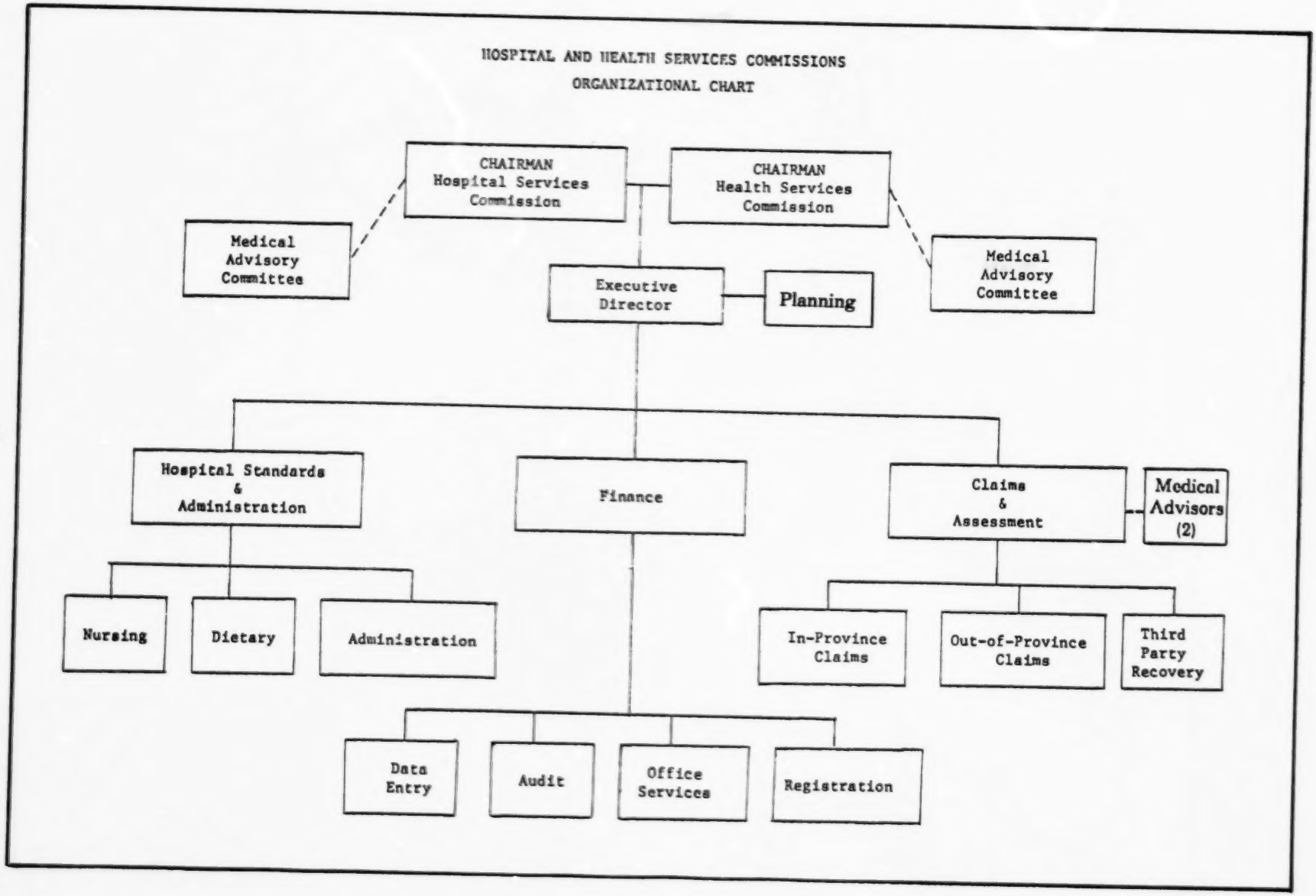
TABLE IX

PROVINCIAL COMPARISON OF MORTALITY RATES AND RANKING 1983

Ranking	Province	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Quebec	4.2	8.8	7.7	0.2	2.2	6.2	1.1	3.1
2	Ontario	4.3	9.7	8.0	0.5	1.9	5.3	1.2	3.2
2	Alberta	4.3	8.3	8.4	1.5	2.1	5.4	1.4	3.1
2	British Columbia	4.3	9.1	8.8	0.5	2.2	5.2	1.2	2.9
3	Manitoba	4.8	11.1	10.4	0.0	2.3	5.6	1.3	3.2
3	Saskatchewan	4.8	10.5	10.1	0.6	2.6	5.2	1.3	3.0
4	New Brunswick	4.9	10.8	10.6	0.0	2.2	6.3	1.3	2.9
5	Prince Edward Island	5.1	12.5	8.4	0.0	2.4	7.9	0.9	3.4
5	Nova Scotia	5.1	11.1	9.4	0.8	2.4	6.9	1.3	3.6
6	Newfoundland	5.3	11.7	10.6	1.1	2.6	6.0	1.6	3.3
7	Yukon	7.4	16.6	18.5	0.0	3.9	4.0	2.5	6.3
8	Northwest Territories	7.7	12.0	20.8	0.0	3.3	8.4	3.3	6.3

Source: 1983 Births and Deaths, Vital Statistics, Volume 1, Statistics Canada.

This table identifies mortality rates per 1,000 population in a cross section of age groups and by province. To assess the health care performance position of each province, the average ranking was based on equal weight for each factor.


HOSPITAL AND HEALTH SERVICES COMMISSIONS
ORGANIZATIONAL CHART
CHAIRMAN
Hospital Services
Commission
CHAIRMAN
Health Services
Commission
Medical
Advisory
Committee
Medical
Advisory
Committee
Executive
Director
Planning
Hospital Standards
&
Administration
Finance
Claims
&
Assessment
Medical
Advisors
(2)
Nursing
Dietary
Administration
In-Province
Claims
Out-of-Province
Claims
Third
Party
Recovery
Data
Entry
Audit
Office
Services
Registration

ADMINISTRATION OF THE PLANS

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is combined. Policy is determined separately by the two Commissions within the terms of reference of their Acts.

Day-to-day administration of the Plans is carried out through a Division of Claims and Assessement, a Division of Standards and Administration, and a Division of Finance, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by its Medical Advisor who may seek advice from its Medical Advisory Committee of five physicians nominated by the Medical Society of Prince Edward Island and appointed by the Commission.

The Medical Advisory Committees meet on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

BENEFITS OF THE PLANS

General

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Care Insurance Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- drugs
- biologicals and related preparations
- use of operating room, case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and speech therapy
- routine surgical supplies.

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g., drugs and dressings.

DESCRIPTION OF DIVISIONS

Hospital Standards and Administration Division
R. Thelma Cameron, Director

This Division has the responsibility of ensuring through the development and maintenance of reasonable standards, insofar as possible, the effective utilization of services provided by the general hospitals, the licensed ambulance operators, the licensed nursing home operators, the School of Nursing, and the Central School of Nursing Assistants.

This Division has the following duties:

- to review and analyze the utilization trends
- to conduct such studies as it deems necessary to determine the standards are being maintained.

This is accomplished through the medium of nursing, hospital administration, and dietary consultants.

Claims and Assessment Division
John R. Hobbs, Director

The Division of Claims and Assessment is responsible for processing both physicians and hospital claims through a system of clerks and assessment rules to ensure that claims submitted are for insured services and are medically necessary.

There are three sections in this Division: In-Province Claims, Out-of-Province Claims, and Third Party Recovery. Their responsibilities include:

- processing all claims for services rendered in the province
- integrating information from both hospital and physician claims on individual patient history cards
- random audit program to determine from patients whether a service was rendered as claimed by a physician
- processing all claims incurred by residents of Prince Edward Island outside the province
- investigating cases where a third party was the cause of the illness or injury of the patient, and recovering monies where possible
- field investigations regarding eligibility status of Prince Edward Island residents.

Finance Division
David R. MacCormac, Director

The primary function of the Finance Division is to provide management with financial information for use in making policy and operating decisions. Secondarily, it acts as a service centre for hospitals and Divisional Directors on areas where financial advice is requested or required.

Responsibilities of the various sections within the Division of Finance include:

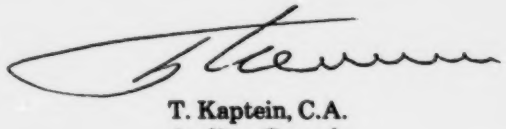
- financial management, planning, and control
- financial accounting for the Commission
- data entry for thirty-two computer programs
- batching and processing claims for data control
- general office services including switchboard
- maintenance of the resident registration file
- cash and budget control
- development of internal financial, manual, and computerized systems
- internal audit functions.

AUDITOR'S REPORT

To the Commissioners of the Hospital Services Commission

I have examined the balance sheet of the Hospital Services Commission of Prince Edward Island as at March 31, 1985 and the statement of financial activities for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1985 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



T. Kaptein, C.A.
Auditor Geneal

Charlottetown, Prince Edward Island
August 6, 1985

STATEMENT 1

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1985

(with comparative figures at March 31, 1984)

ASSETS

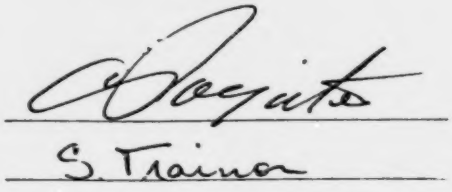
	1985	1984
CURRENT ASSETS		
Term deposit	$ 80,195	$ 71,949
Accounts Receivable (Note 2)	1,198,462	1,860,637
Advance to Queen Elizabeth Hospital (Note 5)	1,000,000	975,268
Advance to Province of Nova Scotia	450,000	—
Prepaid Expense	6,482	6,174
FIXED ASSETS		
Office furnishings and equipment (Note 1)	1	1
	$2,735,140	$2,914,029

LIABILITIES

Current		
Bank overdraft	$ 655,856	$ 527,306
Payables and Accruals (Note 3)	2,079,284	2,386,723
	$2,735,140	$2,914,029

(Notes 1 to 6 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:



STATEMENT 2

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED MARCH 31, 1985

(with comparative figures for the year ended March 31, 1984)

	1985	1984
REVENUE		
Provincial Appropriation (Note 4)	$61,196,005	$59,051,359
Third party recoveries	78,845	148,687
Investment income	27,857	9,012
	61,302,707	59,209,058
EXPENSES		
In-province hospitals — Operating	45,008,889	42,335,183
— Debt	5,422,077	5,442,814
— Capital repairs	103,715	188,171
P.E.I. School of Nursing	1,197,682	1,316,969
Out-of-province hospital care	7,405,974	7,783,707
Ambulance service	700,263	636,257
Canadian Red Cross Society	718,998	781,895
Administration	745,109	724,062
	61,302,707	59,209,058
Net result for the year	$ —	$ —

(Notes 1 to 6 are an integral part of these financial statements)

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1985

1. Accounting policy:

   Depreciation —
   Fixed assets are recorded at a nominal value of one dollar; therefore, no depreciation is charged.

2. Accounts Receivable

	1985	1984
Province of P.E.I.	$ 821,774	$1,766,658
Local Hospitals	314,276	—
Health Services Commission	56,711	69,540
Other	5,701	24,439
	$1,198,462	$1,860,637

3. Payables and accruals

	1985	1984
Local hospitals and approved facilities for laboratory costs, deficits and major equipment purchases	$ —	$ 18,010
Local hospitals for services to non-resident patients	101,724	54,796
Canadian Red Cross	8,629	7,612
Ambulance operators	54,283	49,833
Out-of-province hospital care, net	1,910,736	2,190,000
Provincial Government	—	48,367
Other	3,912	18,105
	$2,079,284	$2,386,723

   The payable for out-of province hospital care includes an accrual of $261,000 for estimated billings not yet received for services of out-of-province hospitals to March 31, 1985.

4. Provincial Appropriation

	1985	1984
Original Appropriation	$62,742,600	$59,836,500
Transferred Appropriation from General Government	246,900	—
Unspent Appropriations	(1,793,495)	(785,141)
Total Provincial Appropriation	$61,196,005	$59,051,359

5. A non-interest bearing advance was provided to the Queen Elizabeth Hospital in 1984 and 1985.

6. Some of the 1984 accounts have been reclassified to conform to the 1985 presentation.

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

Per Diem Rates

Effective April 1, 1984 — March 31, 1985

Queen Elizabeth Hospital	$290.00
Prince County Hospital	$210.00
King's County Memorial Hospital	$170.00
Stewart Memorial Hospital	$150.00
Community Hospital	$145.00
Souris Hospital	$134.00
Western Hospital	$130.00
Newborn	$ 35.00
Day Care Surgery	$ 85.00
Psychiatric Day Care with Electroconvulsive Therapy	$ 45.00
Psychiatric Day Care Without Electroconvulsive Therapy	$ 35.00

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

Comparison of General Expenses

	1984/85 ACTUAL	1983/84 ACTUAL	1984/85 % INC/DEC over 1983/84
Salaries	$32,253,486	$30,993,246	4.0
Drugs, Medical and Surgical Supplies	3,519,591	3,231,306	8.9
Employee Benefits	2,905,831	2,738,279	6.1
Other Supplies and Expenses:			
Diagnostic and Treatment Services	2,655,236	2,259,898	17.5
Administration	947,123	898,698	5.6
Operating	5,888,244	5,436,893	29.8
Equipment	—	—	
Sub-Total	$48,169,511	$45,558,320	5.7
Offset Income	3,340,482	3,146,711	6.2
Net Expenditure	$44,829,029	$42,411,609	5.7

HOSPITAL UTILIZATION STATISTICS

Introduction:

There are seven acute care hospitals on Prince Edward Island. They are, with their respective bed capacities:

Western Hospital, Alberton	50
Community Hospital, O'Leary	33
Stewart Memorial Hospital, Tyne Valley	23
Prince County Hospital, Summerside	162
Queen Elizabeth Hospital, Charlottetown	351
King's County Memorial Hospital, Montague	50
Souris Hospital, Souris	21
	690

The following pages present 1984-85 statistics (source: 1984-85 Annual Return of Health Care Facilities, Hospitals — Part I) and background information for each hospital and concludes with a four (4) year summary of total hospital utilization data for the province.

PRINCE EDWARD ISLAND

Population — 1984 — 125,300

Prince County: 43,500

Queen's County: 62,200

King's County: 19,600

Population Source: Working Paper - Statistics Canada

Western Hospital

Alberton

OWNERSHIP:	**Religious Organization**
RATED BED CAPACITY:	**50 beds**
BEDS TYPE— Medical	**40 beds**
Pediatric	**10 beds**
OCCUPANCY RATE:	**65 percent**
ADMISSIONS:	**1,466**
AVERAGE LENGTH OF STAY:	**7.5 days**
BIRTHS:	**0**
PATIENT DAYS:	**11,080**
CHAIRMAN OF THE BOARD:	**Ronald D. McKinnon**
ADMINISTRATOR:	**Sister Mary Ethel Doyle**

COMMUNITY HOSPITAL

O'Leary

OWNERSHIP:	**Lay Corporation**
RATED BED CAPACITY:	**33 beds**
BEDS TYPE — Medical/Surgical	**24 beds**
Obstetrical	**3 beds**
Pediatric	**5 beds**
Isolation	**1 bed**
OCCUPANCY RATE:	**79 percent**
ADMISSIONS:	**1,276**
AVERAGE LENGTH OF STAY:	**7.4 days**
BIRTHS:	**64**
PATIENT DAYS:	**9,509**
CHAIRMAN OF THE BOARD:	**Bernard Shea**
ADMINISTRATOR:	**Lester A. Brennan**

STEWART MEMORIAL HOSPITAL

Tyne Valley

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		23 beds
BEDS TYPE —	Medical	10 beds
	Medical-Nursing	10 beds
	Pediatric	3 beds
OCCUPANCY RATE:		64 percent
ADMISSIONS:		727
AVERAGE LENGTH OF STAY:		7.4 days
BIRTHS:		0
PATIENT DAYS:		5,344
CHAIRMAN OF THE BOARD:		Clyde Minard
ADMINISTRATOR:		Robert Millar, Jr.

PRINCE COUNTY HOSPITAL

Summerside

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		162 beds
BEDS TYPE —	Medical	56 beds
	Surgical	37 beds
	Pediatric	25 beds
	Obstetrical	23 beds
	Psychiatric	16 beds
	Intensive Care	5 beds
OCCUPANCY RATE:		79 percent
ADMISSIONS:		7,091
AVERAGE LENGTH OF STAY:		6.6 days
BIRTHS:		651
PATIENT DAYS:		46,561
CHAIRMAN OF THE BOARD:		Grant Mollison
EXECUTIVE DIRECTOR:		Wayne Carew

QUEEN ELIZABETH HOSPITAL

Charlottetown

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		351 beds
BEDS TYPE —	Medical/Surgical	211 beds
	Pediatric	48 beds
	Psychiatric	30 beds
	Obstetrical	30 beds
	Rehabilitation	20 beds
	Intensive Care	12 beds
OCCUPANCY RATE:		84 percent
ADMISSIONS:		12,432
AVERAGE LENGTH OF STAY:		8.7 days
BIRTHS:		1,115
PATIENT DAYS:		108,170
CHAIRMAN OF THE BOARD:		Frank MacDonald
EXECUTIVE DIRECTOR:		Kenneth W. Ezeard

KING'S COUNTY MEMORIAL HOSPITAL

Montague

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		50 beds
BEDS TYPE —	Medical	34 beds
	Pediatric	10 beds
	Obstetrical	6 beds
OCCUPANCY RATE:		78 percent
ADMISSIONS:		1,836
AVERAGE LENGTH OF STAY:		7.7 days
BIRTHS:		111
PATIENT DAYS:		14,188
CHAIRMAN OF THE BOARD:		Leonard Munroe
ADMINISTRATOR:		Horst R. Quecke

SOURIS HOSPITAL

Souris

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	21 beds
BEDS TYPE — Medical	16 beds
Pediatric	3 beds
Obstetrical	2 beds
OCCUPANCY RATE:	83 percent
ADMISSIONS:	975
AVERAGE LENGTH OF STAY:	6.5 days
BIRTHS:	21
PATIENT DAYS:	6,360
CHAIRMAN OF THE BOARD:	Anne MacPhee
ADMINISTRATOR:	Peter Ramsay

COMPARISONS OF HOSPITAL USAGE

Hospitals of Prince Edward Island

April 1, 1981 to March 31, 1985

	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983	April 1, 1983 to March 31, 1984	April 1, 1984 to March 31, 1985
Number of Beds Set up	682	680	690	690
Number of Bassinets set up	99	79	79	79
Total Patients Admitted (Adult, Children & Newborn)	27,516	26,562	27,801	27,765
Total Births in Hospitals	1,874	1,902	1,876	1,961
Adults & Children Patient Days	187,990	190,405	200,142	201,212
Newborn Patient Days	10,273	10,385	9,984	10,679
X-Ray Examinations	96,689	94,489	102,725	101,780
Laboratory Units of Work (Hospital)	1,257,763	2,644,329	3,255,905	3,630,039
Laboratory Units of Work (Prov. & other Labs.)	1,862,328	882,000	180,064	236,397
Operations in O.R.	23,117	15,637	16,153	16,569
Emergency Visits	82,813	87,681	106,444	112,362
Physiotherapy Attendances	40,817	44,649	39,180	43,750
Electrocardiograph Exams	21,965	21,988	22,329	23,958
Meal Days	288,613	343,128	353,706	362,218
Nursing Staff (Includes School of Nursing & L.N.A. Program Staff)	664	659.5	657.8	680.2
Other Staff	596	793.8	860.9	881.1
Total Staff	1,240	1,453.3	1,518.7	1,561.3

Staffing reported in full-time-equivalents.